The Patient Protection and Affordable Care Act
All CMS Provisions -- As of May 14, 2010

Section of the Law	Subject	Effective Date	Implementing Document	Release Date	Status/ Additional Information
1001 (1of9)	**Amendments to the Public Health Service Act -- *2711 -- No lifetime or annual limits*** – Prohibits all loans from establishing lifetime or unreasonable annual limits on the dollar value of benefits. With respect to plan years beginning prior to January 1, 2014, a group health plan and a health insurance issuer offering group or individual health insurance coverage may only establish a restricted annual limit on the dollar value of benefits for any participant or beneficiary with respect to the scope of benefits that are essential health benefits as determined by the Secretary. Requires plans to provide a summary of coverage to applicants and policyholders or certificate holders, as well as to enrollees. ***RB -- 2301 -- Insurance Reforms --*** Extends the prohibition of lifetime limits and a requirement to provide coverage for non-dependent children up to age 26 to all existing health insurance plans starting six months after enactment. For group health plans, prohibits pre-existing condition exclusions in 2014, restricts annual limits beginning six months after enactment, and prohibits them starting in 2014.	1/1/14	Regulation-Omnibus Health Insurance Market Interim Final Rule (Part 1) Guidance	**5-10-10** **5-10-10**	**Complete** **Complete**

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The Patient Protection and Affordable Care Act
All CMS Provisions -- As of May 14, 2010

Section of the Law	Subject	Effective Date	Implementing Document	Release Date	Status/ Additional Information
1001 (2of9)	**Amendments to the Public Health Service Act – *2712 -- Prohibition on rescissions*** -- Prohibits all plans from rescinding coverage except in instances of fraud or misrepresentation. ***RB -- 2301 -- Insurance Reforms*** -- Extends the prohibition on rescissions and a requirement to provide coverage for non-dependent children up to age 26 to all existing health insurance plans starting six months after enactment.	1/1/11	Regulation-Omnibus Health Insurance Market Interim Final Rule (Part 1) Guidance	**5-10-10** **5-10-10**	**Complete** **Complete**
1001 (3of9)	**Amendments to the Public Health Service Act -- *2713 -- Coverage of preventive health services*** -- Requires all plans to cover preventive services and immunizations recommended by the U.S. Preventive Services Task Force and the CDC, and certain child preventive services recommended by the Health Resources and Services Administration, without any cost-sharing.	1/1/11	Regulation-Omnibus Health Insurance Market Interim Final Rule (Part 1) Guidance	**5-10-10** **5-10-10**	**Complete** **Complete**
1001 (4of9)	**Amendments to the Public Health Service Act -- *2714 -- Extension of dependent coverage*** -- Requires all plans offering dependent coverage to allow unmarried individuals until age 26 to remain on their parents' health insurance. ***RB -- 1004 -- Income definitions*** -- Extends the exclusion from gross income for employer provided health coverage for adult children up to age 26.	1/1/11	Regulation-Omnibus Health Insurance Market Interim Final Rule (Part 1) Guidance	**5-10-10** **5-10-10**	**Complete** **Complete**

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Section of the Law	Subject	Effective Date	Implementing Document	Release Date	Status/ Additional Information
1001 (5of9)	**Amendments to the Public Health Service Act -- *2715* -- *Development and utilization of uniform explanation of coverage documents and standardized definitions* --** Requires the Secretary to develop standards for use by health insurers in compiling and providing an accurate summary of benefits and explanation of coverage. The standards must be in a uniform format, using language that is easily understood by the average enrollee, and must include uniform definitions of standard insurance and medical terms. The explanation must also describe any cost-sharing, exceptions, reductions, and limitations on coverage, and examples to illustrate common benefits scenarios.	3/23/11	Regulation-Omnibus Health Insurance Market Interim Final Rule (Part 1) Guidance	**5-10-10** **5-10-10**	**Complete** **Complete**
1001 (6of9)	**Amendments to the Public Health Service Act – 2716 -- *Prohibition on discrimination in favor of highly compensated individuals* --** Employers that provide health coverage will be prohibited from limiting eligibility for coverage based on the wages or salaries of full-time employees. Also, prohibits the required collection of data from employees (specifically gun ownership).	1/1/11	Regulation-Omnibus Health Insurance Market Interim Final Rule (Part 1) Guidance	**5-10-10** **5-10-10**	**Complete** **Complete**
1001 (7of9)	**Amendments to the Public Health Service Act -- *2717* -- *Ensuring quality of care* --** Requires the Secretary to develop guidelines for use by health insurers to report information on initiatives and programs that improve health outcomes through the use of care coordination and chronic disease management, prevent hospital readmissions and improve patient safety, and promote wellness and health.	1/1/11	Regulation-Omnibus Health Insurance Market Interim Final Rule (Part 1) Guidance	**5-10-10** **5-10-10**	**Complete** **Complete**

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Section of the Law	Subject	Effective Date	Implementing Document	Release Date	Status/ Additional Information
1001 (8of9)	**Amendments to the Public Health Service Act** -- ***2718 -- Bringing down the cost of health care coverage*** -- Requires the Secretary promulgate regulations for enforcing the provisions under this section. Health insurance companies will be required to report publicly the ratio of the incurred loss (or incurred claims) plus the loss adjustment expense (or change in contract reserves) to earned premiums including the percentage of total premium revenue that is expended on clinical services, and quality rather than administrative costs. Health insurance companies will be required to refund each enrollee by the amount by which premium revenue expended by the health insurer for non-claims costs exceeds 20 percent in the group market and 25 percent in the individual market. The requirement to provide a refund expires on December 31, 2013, but the requirement to report percentages continues. Require the Secretary make reports received under this section available to the public on the HHS website.	1/1/11	Regulation-Omnibus Health Insurance Market Interim Final Rule (Part 1) Notice--Request for Information on Medical Loss Ratio	**5-10-10** **4-12-10**	**Complete** **Complete**
1102	**Reinsurance for early retirees** -- Establishes a temporary reinsurance program to provide reimbursement to participating employment-based plans for part of the cost of providing health benefits to retirees (age 55-64) and their families. The program reimburses participating employment-based plans for 80 percent of the cost of benefits provided per enrollee in excess of $15,000 and below $90,000. The plans are required to use the funds to lower costs borne directly by participants and beneficiaries, and the program incentivizes plans to implement programs and procedures to better manage chronic conditions. The act appropriates $5 billion for this fund and funds are available until expended.	6/23/10	Regulation -- Reinsurance Program for Retirees Interim Final Rule	**05-04-10**	**Complete**

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Section of the Law	Subject	Effective Date	Implementing Document	Release Date	Status/ Additional Information
1003	**Ensuring that consumers get value for their dollars** -- For plan years beginning in 2010, the Secretary and States will establish a process for the annual review of increases in premiums for health insurance coverage. Requires States to make recommendations to their Exchanges about whether health insurance issuers should be excluded from participation in the Exchanges based on unjustified premium increases. Provides $250 million in funding to States from 2010 until 2014 to assist States in reviewing and, if appropriate under State law, approving premium increases for health insurance coverage and in providing information and recommendations to the Secretary.	3/23/10	Regulation -- Omnibus Health Insurance Market Interim Final Rule(Part 1) Notice--Request for Information on Premium Rate Review Guidance	**5-10-10** **4-30-10** **4-30-10**	**Complete** **Complete** **Complete**
1103	**Immediate information that allows consumers to identify affordable coverage options** -- Establishes an Internet portal for beneficiaries to easily access affordable and comprehensive coverage options. This information will include eligibility, availability, premium rates, cost sharing, and the percentage of total premium revenues spent on health care, rather than administrative expenses, by the issuer [(including Medicaid) in the State shall be available to small businesses and shall contain information on coverage options.] Clarifies that reinsurance for early retirees applies to plans sponsored by State and local governments for their employees.	7/1/10	Regulation -- Web Portal for Private Plan and Medicaid/CHIP Data Interim Final Rule with Comment	**4-30-10**	**Complete**
1201 (4of8)	**Amendment to the Public Health Service Act** -- ***Sec. 2704 -- Prohibition of preexisting condition exclusions or other discrimination based on health status*** -- No group health plan or insurer offering group or individual coverage may impose any pre-existing condition exclusion or discriminate against those who have been sick in the past.	1/1/14	Regulation- Omnibus Health Insurance Market Interim Final Rule (Part1) Guidance	**5-10-10** **5-10-10**	**Complete** **Complete**

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Section of the Law	Subject	Effective Date	Implementing Document	Release Date	Status/ Additional Information
1201 (5of8)	**Amendment to the Public Health Service Act -- *Sec. 2705 -- Prohibiting discrimination against individual participants and beneficiaries based on health status* --** No group health plan or insurer offering group or individual coverage may set eligibility rules based on health status, medical condition, claims experience, receipt of health care, medical history, genetic information, evidence of insurability – including acts of domestic violence or disability. Permits employers to vary insurance premiums by as much as 30 percent for employee participation in certain health promotion and disease prevention programs. Authorizes a 10-State demonstration to apply such a program in the individual market.	1/1/14	Regulation- Omnibus Health Insurance Market Interim Final Rule (Part 1) Guidance	**5-10-10** **5-10-10**	**Complete** **Complete**
2001 (2of3)	**Medicaid coverage for the lowest income populations -- *Eligibility* --**Eligible individuals include: all non-elderly, non-pregnant individuals who are not entitled to Medicare (e.g., childless adults and certain parents). Creates a new mandatory Medicaid eligibility category for all such "newly-eligible" individuals with income at or below 133 percent of the Federal Poverty Level (FPL) beginning January 1, 2014. Also, as of January 1, 2014, the mandatory Medicaid income eligibility level for children ages six to 19 changes from 100 percent FPL to 133 percent FPL. States have the option to provide Medicaid coverage to all non-elderly individuals above 133 percent of FPL through a State plan amendment.	1/1/14	SMD Letter	**04/09/2010**	**Complete**

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Section of the Law	Subject	Effective Date	Implementing Document	Release Date	Status/ Additional Information
2501 (1of2)	**Prescription drug rebates --** The flat rebate for single source and innovator multiple source outpatient prescription drugs would increase from 15.1 percent to 23.1 percent, except the rebate for clotting factors and outpatient drugs approved by the Food and Drug Administration exclusively for pediatric indications would increase to 17.1 percent. The basic rebate percentage for multi-source, non-innovator drugs would increase from 11 percent to 13 percent. Drug manufacturers would also be required to pay rebates for drugs dispensed to Medicaid beneficiaries who receive care from a Medicaid managed care organization (MCO). Total rebate liability would be limited to 100 percent of the average manufacturer price (AMP). Additional revenue generated by these increases will be remitted to the federal government.	1/1/10	SMD Letter	**04/22/2010**	**Complete**
2501 (2of2)	**Prescription drug rebates --** ***RB -- 1206 -- Drug rebates for new formulations of existing drugs --*** For purposes of applying the additional rebate, narrows the definition of a new formulation of a drug to a line extension of a single source or innovator multiple source drug that is an oral solid dosage form of the drug.	3/23/10	SMD Letter	**04/22/2010**	**Complete**
2902	**Elimination of sunset for reimbursement for all Medicare Part B services furnished by certain Indian hospitals and clinics --** Removes the sunset provision, allowing IHS and I/T/U services to continue to be reimbursed by Medicare Part B.	1/1/10	Guidance --- JSM	**3/29/2010**	**Complete**

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The Patient Protection and Affordable Care Act
All CMS Provisions -- As of May 14, 2010

Section of the Law	Subject	Effective Date	Implementing Document	Release Date	Status/ Additional Information
3102 (1of3)	**Extension of the work geographic index floor and revisions to the practice expense geographic adjustment under the Medicare physician fee schedule --** Extends a floor on geographic adjustments to the work portion of the fee schedule through the end of 2010, with the effect of increasing practitioner fees in rural areas. ***RB -- 1108 -- PE GPCI ADJUSTMENT FOR 2010 --*** Requires that for services furnished during 2010, the employee wage and rent portions of the practice expense geographic index reflect 1/2 of the difference between the relative costs of employee wages and rents in each of the different fee schedule areas and the national average of such employee wages and rents.	1/1/10	Guidance – Change Request	**5/10/010**	**Complete**
3103	**Extension of exceptions process for Medicare therapy caps -- -** Extends the process allowing exceptions to limitations on medically necessary therapy until December 31, 2010.	1/1/10	Guidance – Change Request /JSM	**03/29/2010**	**Compete**
3104	**Extension of payment for technical component of certain physician pathology services --** Extends a provision that directly reimburses qualified rural hospitals for certain clinical laboratory services through the end of 2010.	1/1/10	Guidance -- JSM Guidance Change request	**03/29/2010** **4/9/2010**	**Compete** **Complete**
3105	**Extension of ambulance add-ons --** Extends bonus payments made by Medicare for ground and air ambulance services in rural and other areas 1-1-11.	3/23/10	Guidance -- JSM	**03/29/2010**	**Compete**
3107	**Extension of physician fee schedule mental health add-on --** Increases the payment rate for psychiatric services by 5 percent for two years, through the end of 2010.	1/1/10	Guidance -- Change Request	**5/10/2010**	**Complete**

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The Patient Protection and Affordable Care Act
All CMS Provisions -- As of May 14, 2010

Section of the Law	Subject	Effective Date	Implementing Document	Release Date	Status/ Additional Information
3112	**Revision to the Medicare Improvement Fund--** Eliminates the remaining funds in the Medicare Improvement Fund.	3/23/10	Self-Implementing	N/A	**Complete**
3121	**Extension of outpatient hold harmless provision --** Extends the existing outpatient hold harmless provision through the end of FY2010 and would allow Sole Community Hospitals with more than 100 beds to also be eligible to receive this adjustment through the end of FY2010.	1/1/10	Guidance – JSM	**03/29/2010**	**Complete**
3122	**Extension of Reasonable Cost Payment for Clinical Lab Tests Furnished to Hospitals Patients in Certain Rural Areas --** Re-institutes reasonable cost payment for clinical lab tests performed by hospitals with fewer than 50 beds in qualified rural areas as part of their outpatient services for cost reporting periods beginning on or after July 1, 2010, through June 30, 2011. This could affect services performed as late as June 30, 2012.	7/1/10	Guidance – JSM Guidance – Change Request	**03/29/2010** **4/2/2010**	**Complete** **Complete**
3131 (2of8)	**Payment adjustments for home health care --** Establishes a 10 percent cap on the amount of reimbursement a home health provider can receive from outlier payments and would reinstate an add-on payment for rural home health providers from April 1, 2010 through 2015.	4/1/10	Guidance – Change Request	**03/31/2010**	**Complete**
3131 (8of8)	**Payment adjustments for home health care --** Reinstate an add-on payment for rural home health providers from April 1, 2010 through 2015	4/1/10	Guidance -- JSM Guidance -- Change Request	**04/08/2010** **04/23/2010**	**Complete** **Complete**

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The Patient Protection and Affordable Care Act
All CMS Provisions -- As of May 14, 2010

Section of the Law	Subject	Effective Date	Implementing Document	Release Date	Status/ Additional Information
3201 (1of2)	**Medicare Advantage payment** -- ***RB -- 1102 -- Medicare Advantage payments*** -- Freezes Medicare Advantage payments in 2011. Benchmarks will vary from 95% of Medicare spending in high-cost areas to 115% of Medicare spending in low-cost areas. The changes will be phased-in over 3, 5 or 7 years, depending on the level of payment reductions.	1/1/11	2011 Call Letter	**04-05-10**	**Complete**
3137 (1of3)	**Hospital wage index improvement** -- Extends reclassifications under section 508 of the Medicare Modernization Act (P.L 108-173) through the end of FY2011. Also directs the Secretary to restore the average hourly wage comparison thresholds used to determine hospital reclassifications to the percentages used as of September 30, 2008.	10/1/09	Guidance -- JSM	**4/22/2010**	**Complete**
3137 (2of3)	**Hospital wage index improvement** -- ***Sec. 10317-- Revisions to extension of Section 508 hospital provisions*** -- Clarifies the Secretary may only use wage data of certain eligible hospitals in carrying out this provision if doing so does not result in lower wage index adjustments for affected facilities.	4/1/10	Guidance – JSM Regulation – IPPS Proposed Rule	**4/22/2010** **04/19/2010**	**Complete** **Complete**
3301 (1of3)	**Medicare coverage gap discount program** -- Requires drug manufacturers to provide a 50 percent discount to Part D beneficiaries for brand-name drugs and biologics purchased during the coverage gap beginning January 1, 2011.	1/1/11	Guidance -- HPMS	**4/30/2010**	**Complete**

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Section of the Law	Subject	Effective Date	Implementing Document	Release Date	Status/ Additional Information
3401 (1of3)	**Revision of certain market basket updates and incorporation of productivity improvements into market basket updates that do not include such improvements** --Incorporates a productivity adjustment into the market basket update for inpatient hospitals, home health providers, skilled nursing facilities, hospice providers, inpatient psychiatric facilities, long-term care hospitals and inpatient rehabilitation facilities beginning in various years and implements additional market basket reductions for certain providers. It would also incorporate a productivity adjustment into payment updates for Part B providers who do not already have such an adjustment. ***Sec. 10319 -- Revisions to market basket adjustments*** -- Modifies market adjustments for inpatient hospitals, inpatient rehabilitation facilities, inpatient psychiatric hospitals and outpatient hospitals in 2012 and 2013 and for long-term care hospitals in 2011, 2012 and 2013. Also, modifies market basket adjustments for home health providers in 2013 and hospice providers in 2013 through 2019. ***RB -- 1105 -- Market basket updates***-- Revises the hospital market basket reduction that is in addition to the productivity adjustment as follows: -0.3 in FY14 and -0.75 in FY17, FY18 and FY19. Removes Senate provision that eliminates the additional market basket for hospitals based on coverage levels. Providers affected are inpatient hospitals, long-term care hospitals, inpatient rehabilitation facilities, psychiatric hospitals and outpatient hospitals.	01/01/2011 (for SNFs) 10/01/2011 (for Ambulance) 1-1-14	Guidance -- JSM (IRF,SNF,IPPS, LTCH, OPPS, HH,) Guidance -- JSM (IPPS, LTCH)	**4/1/2010** **4/14/2010**	**Complete** **Complete**
6402 (1of3)	**Enhanced Medicare and Medicaid program integrity provisions --** **National Provider Identifier** -- Requires the Secretary to issue a regulation mandating that all Medicare, Medicaid, and CHIP providers include their NPI on enrollment applications.	1/1/11	Regulation – Changes in Provider and Supplier Enrollment, Ordering and Referring, and Documentation Requirements, etc. Interim Final Rule	**4-30-10**	**Complete**

Section of the Law	Subject	Effective Date	Implementing Document	Release Date	Status/ Additional Information
6404	**Maximum period for submission of Medicare claims reduced to not more than 12 months --** Beginning January 2010, the maximum period for submission of Medicare claims would be reduced to not more than 12 months.	1/1/10	Guidance -- JSM	**3-31-10**	**Complete**